Mindfulness Meditation and Relapse Prophylaxis in Mood Disorders

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Financial Disclosures for Dr. Zindel Segal

- Co-developer of Mindfulness Based Cognitive Therapy and receives royalties from Guilford Press for the MBCT treatment manual and patient books.
- Has presented keynote addresses at conferences and MBCT clinical training workshops where he has received a fee.
- Co-founder of MindfulNoggin Inc., an online digital platform for MBCT dissemination.



Front Page Story in the New York Times (May 1986)

Psychotherapy Is As Good As Drug in Curing Depression, Study Finds

Early Evidence of Prophylaxis via Acute Phase Cognitive Therapy (Evans et al, 1992)





Depression: Course and Outcome



Kupfer DJ. 1991 CLINICAL PSYCHIATRY

Early Evidence of Psychological Prophylaxis Against Depressive Relapse (Frank et al., 1990)



Outcome of the maintenance therapies in recurrent depression protocol. Open circles represent group that underwent medication clinic and active imipramine; solid circles, interpersonal psychotherapy and active imipramine; squares, interpersonal psychotherapy alone; solid triangles, interpersonal psychotherapy and placebo; and open triangles, medication clinic and placebo.







Best evidence for a treatment target pointed to dysphoria-linked cognitive elaboration

Cognitive Reactivity Shortens Time to Depressive Relapse



How Does Cognitive Therapy Reduce Relapse?





Self-Distancing

Decentering



Meta-Cognitive Awareness



Defusion

Observing Ego





NIMH R21: Attentional Control Training

MBCT – Three Main Hypotheses:

- 1. Mindfulness Meditation Offers Direct Training in Decentering
- 2. Decentering is anti-ruminative
- 3. Lower levels of rumination are associated with greater depression prophylaxis.

Gradient of Attentional Focus in Mindfulness Training



- Mindful Eating
- Body Scan
- Mindful Walking or Stretching
- Sitting with the Breath
- Sitting with Sounds
- Sitting with Thoughts
- Sitting with a Difficulty

MBCT Session Content

- S1: Awareness and Automatic Pilot
- S2: Living in our Heads
- S3: Gathering the Scattered Mind
- S4: Recognizing Territory of Aversion
- S5: Allowing / Letting Be
- S6: Thoughts Are Not Facts
- S7: Taking Best Take Care of Myself
- S8: Maintaining and Extending New
 - Learning

Includes an MP3 CD and downloads of guided meditations

The Mindful Way Workbook

An 8-Week Program to Free Yourself from Depression and Emotional Distress





Zindel V. Segal J. Mark G. Williams John D. Teasdale



Mark Williams, John Teasdale Zindel Segal, and Jon Kabat-Zinn



Figure 2: Survival curves (of not relapse or recurrence) over a 24-month follow-up period for the intention-to-treat population

m-ADM=maintenance antidepressant medication. MBCT-TS=mindfulness-based cognitive therapy with support to taper or discontinue antidepressant medication.

Cumulative proportion of patients who survived without relapse during 18 month follow-up



Segal et al., 2010.



From: Efficacy of Mindfulness-Based Cognitive Therapy in Prevention of Depressive Relapse: An Individual Patient Data Meta-analysis From Randomized Trials

JAMA Psychiatry. 2016;73(6):565-574. doi:10.1001/jamapsychiatry.2016.0076



Prevention Treatments Permit Studying Mechanisms of Change (N=166)



Follow-up Time, s



Consulting a

Change in 3 Latent Factors Post CBT/MBCT Over 2 Years



Segal et al., 2019



High and Low Decentering Growth Predicts Relapse/Recurrence Over 2 Years (HR=.232)



Segal et al. 2019



(When) Does Practice Matter?



Reconsidering Our Hypotheses I:

Mindfulness meditation offers direct training in decentering and so does CBT. If taught that way!

Growth in decentering, via CBT or Mindfulness provides greater depression prophylaxis.

How does this square with the neuroscience of depression risk following prevention treatment?

Neural **Reactivity to Dysphoric Mood** Induction

Neutral Clips



Vs.

HGTV (Crafts & **Gardening**)

Sad Clips



The Terms of Champ Endearment



Farb et al., 2010

Neural Reactivity to Dysphoric Mood Induction

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Dysphoric Activation 2.3 t - statistic 5.0

Dysphoric Deactivation

Neutral Clips



HGTV (Crafts & **Gardening**)



The Champ



Terms of Endearment















Main Effects of Relapse Status on Neural Reactivity to Dysphoric Mood Induction

- A) Regions sensitive to future relapse status.
- B) Boxplot of pre/post right somatosensory reactivity.
- C) Survival curves as a function of average right somatosensory reactivity.



Farb et al.,2022 Neuroimage Clinical Effects of Time (Pre/Post Intervention) on Neural Reactivity to Dysphoric Mood Induction within the Non-Relapser Group

- A. Regions demonstrating reduced reactivity over time.
- B. Boxplot of left lateral prefrontal cortex (LPFC) change scores over time.
- C. Survival curves as a function of change in left LPFC change scores.





Sense Foraging Promotes Sensory Processing



Sense Foraging Requires Access Points

	Autonomous		Supported	
	High Access	Low Access	High Access	Low Access
Nature	Savoring walk in the park	Mountain Climbing	Touring a botanical garden	Guided mushroom foraging
Exercise	Brisk walk in the park	Surfing	Neighborhood running group	Circuit training with a coach
Art	Adult colouring books	Visit the Louvre	Pottery or winetasting class	In-person masterclass
Travel	Visit a tourist destination in your own town	Visit a tourist destination in a foreign land	Take a historic tour of your local neighborhood	Go on a guided trek to a remote part of the world
Meditate	Personal practice	Silent retreat	Meditation app or recording	MBSR, MBCT
Psychedelics	Unguided trip at home	Unguided trip at a retreat or foreign clinic	Guided trip, off-label (e.g., ketamine clinic)	Guided trip, at a retreat or foreign clinic

Reconsidering Our Hypotheses II:

- Dysphoria-evoked sensory deactivation contributes to episode return.
- Vulnerability may be mitigated by targeting prefrontal regions responsive to clinical intervention.
- Emotion regulation during recovery may be enhanced by reducing prefrontal cognitive processes in favour of sensory representation and integration.
- Hard to know if these strategies apply to less clinically indicated samples.